

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 1078141  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11	1					
12		1				
13		1				
14		1				
15	1					
16		1				
17		1				
18		1				
19		3				
20		3				
21		1				
22		1				
23		1				
24	1					
25	1					
26		1				
27	1					
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45						
46						
47						
48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	16					
TOTAL CLAIMS	21					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						